

IN THE UNITED STATES OF AMERICA

PATENT AND TRADEMARK OFFICE

APPLICANT:

John Melvin, et al.

TITLE:

"Mobile Transfilling System"

SERIAL NO.:

10/711,787

ART UNIT:

3751

FILING DATE:

October 5, 2004

EXAMINER: Maust, Timothy Lewis

DOCKET NO.:

10607.001

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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"Express Mail" Label Number EM 360405522 US Date of Deposit: October 2, 2009

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- RCE Form (1 page)
- RCE Submission after Appeal (8 pages), including:
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Ashley Braud

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PTO/SB/21 (07-09)

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THE TRA	NSMITTAL	Filing Date	October 5, 200	4			
First Named Inventor			John Melvin, et al.				
001 0 2 2009	w)	Art Unit	3751				
\ <u></u>	gyrrespondence after initial filing)	Examiner Name	Maust, Timothy	Lewis			
The manage of the	ages in This Submission 70	Attorney Docket Number	10607.001				
	ENC	LOSURES (Check all	that apply)		Allowance Communication to TC		
Amendment Affid Extension of Express Aba Information	Attached //Reply r Final lavits/declaration(s) f Time Request andonment Request Disclosure Statement py of Priority RCE for	m (1 pg.); RCE Submission a	Address S O ofter Appeal (8 p	Appea of Appea (Appea (Appea) Status Other below See below	al Communication to Board peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) ietary Information s Letter Enclosure(s) (please Identify		
	y to Missing Parts er 37 CFR 1.52 or 1.53			Expr	ress		
Cian Name -	SIGNATURE	OF APPLICANT, ATTO	KNEY, UR	AGENI			
Firm Name R	loy, Kiesel, Keegan & DeNicola						
Signature	Sorbia D alu	dar					
Printed name S	ophia D. Alurkar						
Date C	October 2, 2009		Reg. No. 56	,182			
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:							
Signature	ashler	- Brand					
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Application Number

10/711,787

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality, is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees purchant to the	Consolidated Appropriations Act, 2005 (H.R. 48	118).
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For FY 2009

\checkmark	Applicant	claims	small	entity	status.	See 37	CFR	1.27

TOTAL AMOUNT OF PAYMENT (\$

5)	405.0
<i>''</i>	405.0

Complete if Known				
Application Number	10/711,787			
Filing Date	October 5, 2004			
First Named Inventor	John Melvin, et al.			
Examiner Name	Maust, Timothy Lewis			
Art Unit	3751			
Attorney Docket No.	10607.001			

METHOD OF PAYMEN	METHOD OF PAYMENT (check all that apply)						
Check Credit							
Deposit Account	Deposit Accou	nt Number: <u>18-22</u>	210	Deposit A	ccount Name:_	Roy, Kiesel e	et al
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information and authorization			uit caru iiiioiii	iation should in	Ot be included	TOIL tills forms. The	JVIde Credit Card
FEE CALCULATION							
1. BASIC FILING, SEA							
i	FILING	FEES Small Entity	SEARCH	H FEES Small Entity		ATION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FE	.ES					Fee (\$)	Small Entity
<u>Fee Description</u> Each claim over 20 ((including F	₹eissues)				52	<u>Fee (\$)</u> 26
Each independent cla			ssues)			220	110
Multiple dependent			•			390	195
Total Claims	Extra Clair		Fee Pa	<u>aid (\$)</u>		-	pendent Claims
20 or HP = HP = highest number of total		or, if greater than 20	_ =			<u>Fee (\$)</u>	Fee Paid (\$)
Indep. Claims	Extra Clair			aid (\$)			
HP = bigbest number of inde		XX	=				
3. APPLICATION SIZE	HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE						
If the specification and	d drawings	exceed 100 she	ets of paper	(excluding	electronicall	ly filed sequen	ce or computer
listings under 37 C						all entity) for e	each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 =		/ 50 =	(r	round up to a	whole number	r) x	=
4. OTHER FEE(S) Non-English Specification	ication, \$	130 fee (no sma	all entity dis	scount)			Fees Paid (\$)
Other (e.g., late filin	ig surcharge	e): <u>RCE</u>					405.00

SUBMITTED BY Registration No. 56,182 Telephone (225)927-9908 Signature (Attorney/Agent) Name (Print/Type) Sophia D. Alurkar Date October 2, 2009

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